

PAYMENT INSTRUCTIONS

ADOPTION ASSISTANCE PROGRAM

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File

AAP PAYMENT CASE NUMBER
STATE ADOPTIONS CASE NUMBER
ADOPTION AGENCY CASE NUMBER
ADA

CHILD'S ADOPTIVE NAME	CHILD'S BIRTHDATE
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This is a: *(Check applicable item(s))*

- ☐ New case; Form AAP 4, Eligibility Certification - Adoption Assistance Program is attached, please send notice of action.
- ☐ Denial, please send notice of action.
- ☐ Deferred payment agreement, please send notice of action.
- ☐ Change in child's name, payee name or address.

- ☐ Change in amount or duration of payment due to:
(Check (✓) one)
- ☐ Completed reassessment.
- ☐ Change in need or circumstances.
- ☐ Ineligibility.

Reason for change or denial to be used on notice of action: _____

I certify that this child is eligible for the Adoption Assistance Program. Please start or change payments as follows:

Monthly payment amount: ☐ \$_____ or ☐ No cash payment, Medi-Cal only

Beginning date:_____ Ending date:_____

Check one:

- ☐ This monthly payment amount is not greater than the payment that would have been made if the child were placed in a foster family home.

The payment that would have been made in a foster family home, including any applicable specialized care increment: \$_____ per month.

- ☐ The child is placed outside of the adoptive home and the monthly payment amount is no greater than the AFDC-FC payment that would have been made if the child were a foster child in the out of home placement.

Name of out of home placement: _____

State-approved facility rate: \$_____ per month.

Health Insurance

- ☐ The family reports that the child has no health insurance.
- ☐ The family reports that the child has health insurance with:_____,
Department of Health Services Health Insurance Questionnaire (Form DHS 6155) is attached.)

PAYEE NAME	SIGNATURE OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY *	
PAYEE ADDRESS (NO.) (STREET)	ADOPTION AGENCY MAILING ADDRESS	
(CITY) (STATE) (ZIP)		
PAYEE TELEPHONE	TELEPHONE NUMBER	DATE

* To be used by child's agency for cooperative placements.